

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES
SUBJECT: **MASS GATHERINGS AND SPECIAL EVENTS**
EVENT STAFFING ROSTER

EMT, PARAMEDIC, HOSPITALS
REFERENCE NO. 842.3

Name of Event/Incident:		Event/Incident Date:			
Name	Title (MD, RN, LVN, EMT-P, EMT, F.R.)	License/Certification #	Expiration Date	LA County EMT Expanded Scope	Date

All personnel must be listed and include volunteers and/or unlicensed students and submitted for approval 10 days prior to the event
Completed by:_____Contact Number:_____